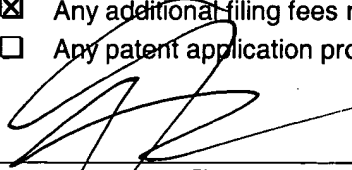
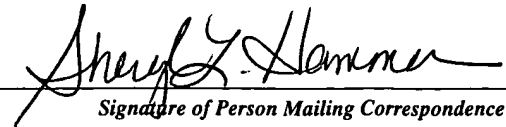


<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>			Docket No. <b>MHM-00307/29</b>		
Applicant(s): <b>Masini</b>					
Serial No. <b>10/706,570</b>	Filing Date <b>Nov. 12, 2003</b>	Examiner	Group Art Unit <b>3671</b>		
Invention: <b>INVERTIBLE WOUND DRESSINGS AND METHOD OF MAKING THE SAME</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. <input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32 -	20 =	12 x	\$9.00	\$108.00
INDEP. CLAIMS	4 -	3 =	1 x	\$43.00	\$43.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$151.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of <b>\$151.00</b> to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>07-1180</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: <b>March 3, 2004</b>		
<b>John G. Posa</b> <b>Reg. No. 37/424</b> <b>Gifford, Krass, Groh et al</b> <b>280 N. Old Woodward Ave., Suite 400</b> <b>Birmingham, MI 48009</b> <b>Tel. 734/913-9300</b>			<div style="border: 1px solid black; padding: 5px;">         I certify that this document and fee is being deposited on <b>3/3/04</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.             _____          Signature of Person Mailing Correspondence   <b>Sheryl L. Hammer</b>          _____          Typed or Printed Name of Person Mailing Correspondence       </div>		
cc:					



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Masini

Serial No.: 10/706,570

Group No.: 3671

Filed: Nov. 12, 2003

Examiner:

For: INVERTIBLE WOUND DRESSINGS AND METHOD OF MAKING THE SAME

**THIRD PRELIMINARY AMENDMENT**

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Prior to examination, please amend the above-referenced application as follows:

03/10/2004 EREGAY1 00000055 10706570

01 FC:2201 43.00 OP  
02 FC:2202 108.00 OP

GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 280 N. OLD WOODWARD AVENUE, STE. 400, BIRMINGHAM, MICHIGAN 48009-5394 (248) 647-6000